EFFECTIVE

October 1, 2016.

Subject(s)

1. Verification requirements.
2. Lag Social Security Credits (SSC)s.
3. Wage match.
4. Refugee Assistance Program (RAP).
5. Assisting the client.
6. The Case Record.
7. Miscellaneous changes.
8. Medicaid (MA).

1) Verification Requirements

BEM 245

FAP Only

Verification of school enrollment for persons age18-49 is not required.

Reason: Clarification.

2) Lag SSCs

BEM 225

SDA and FAP

Social Security Credits (SSC)s which have been earned but not yet posted are lag SSCs, the following amounts were added to BEM 225:

- $1,260 for 2016.
- $1,220 for 2015.
- $1,200 for 2014.

Reason: Updated yearly minimum earnings.

3) Wage Match

BAM 802

All Programs

The department now receives wage match information from the Michigan Talent Investment Agency.

The failure to provide section was reworded for clarity.

Reason: Change in wage match source and clarification.

4) Refugee Assistance Program

BEM 630, BEM 230C

Refugee Cash Assistance (RCA)

BEM 230C was updated to include the term, "refugee contractor" and minor formatting changes were made to alien status information in BEM 630.

Reason: Policy clarification.

5) Assisting the Client

BAM 105

All Programs

The local office must assist clients who ask for help in completing forms, gathering verifications, and/or understanding written correspondence sent from the department. Particular sensitivity must be shown to clients who are illiterate, disabled or not fluent in English.

If such assistance requires interpreter services and the local office is unable to identify an interpreter service provider please escalate the request to your county's business service center and they will provide guidance on how to assist the client.

Reason: Policy clarification.

6) The Case Record

BAM 300

All Programs

Policy has been updated to include information regarding the Electronic Case File.

7) Miscellaneous changes

BAM 600

All Programs

DHS was changed to MDHHS, the Office of Legal Services and Policy was changed to Office of Legal Services, and other minor gramatical changes were made.

8) MA

Medicaid Only

BAM 120

Healthy Michigan Plan Cost-Sharing

All individuals who are eligible for the Healthy Michigan Plan (HMP) and enrolled in a Medicaid health plan will pay most cost-sharing through the MI Health Account. Cost-sharing includes co-pays, and for some beneficiaries, contributions. Point of service co-pays may be required for a limited number of services that are carved out of the health plans, such as certain drugs. HMP co-pay information, including amounts, can be found at the Michigan Department of Health and Human Services (MDHHS) website under Assistance Programs/Health Care Coverage/Healthly Michigan Plan/Learn more about the Healthy Michigan Plan.

Individuals eligible for HMP who are not enrolled in a health plan are only responsible for co-pays when applicable, and will pay those co-pays at the point of service.

Contributions

HMP beneficiaries with incomes above 100 percent of the Federal Poverty Level (FPL) may be charged monthly contributions for their health care coverage. Contribution amounts vary based on income and family size and will not exceed 2 percent of household income. Some individuals may be exempt from contributions.

Exemptions, and any other changes to the contribution amount because of changes in income or other demographic information will be processed by the MI Health Account vendor prospectively.

When a beneficiary is no longer eligible for coverage under HMP, he may be entitled to the remainder of any unused contributions in the MI Health Account. These funds may only be used to purchase private health insurance coverage.

Cost-Sharing Reductions for HMP Beneficiaries

Beneficiaries may earn cost-sharing reductions to co-pays and contributions owed through the MI Health Account.

Offset of State Tax Refunds and Lottery Winnings

Beneficiaries who fail to meet HMP cost-sharing obligations may be subject to offsets of their state tax refunds and lottery winnings. Beneficiaries who meet the criteria established for offsets will be notified of the potential for an offset and of his rights to a review of the referral of his unpaid cost-sharing amounts.

Cost-Sharing Limits

The limit is based on income and applies to most types of health care coverage cost-sharing including HMP.

Beneficiaries in the same household cannot be charged more than 5 percent of the family's income each calendar quarter for cost-sharing. Updates to the cost-sharing limit occur prospectively as income and other changes are received. MDHHS monitors the cost-sharing limit and costs as they are incurred and processes changes each quarter. Beneficiaries are not required to keep track of these costs.

BAM 402

BAM 402 has been updated due to changes covered by the Healthy Kids dental program.

Reason: Updates to the state budget.

BAM 802

Reference to the form DCH-373, has been changed to DCH-1426.

BAM 810

A reference to the Buy-In program has been removed. The local office can submit a Medicare enrollment form to SSA on behalf of a deceased MDHHS Medicaid client.

BEM 105

Update the program flow chart to show new categories and remove obsolete categories.

Reason: Changes in Medicaid titles and categories.

BEM 124

BEM-124, Plan First! Family Planning Program, has been deleted.

Reason: Waiver ended June 30, 2016.

BEM 129 & 131

Add Foster Care Department Ward (FCDW) eligibility as a valid reason to break continuous eligibility.

Reason: Correct access to care issue.

BEM 137

Parents requesting health care coverage for themselves must provide proof that their children have credible coverage, even if not applying for the children.

Credible coverage is health insurance coverage under any of the following:

- Group health plan, individual or student health insurance.
- Medicare or Medicaid.
- TRICARE/CHAMPUS.
- CHIP(MIChild in Michigan).
- Federal Employees Health Benefit Program.
- Indian Health Service.
- Peace Corps.

- Public Health Plan (any plan established or maintained by a State, the U.S. government, or a foreign country).

- A state health insurance high risk pool.

Reason: Parent's eligibility is dependent on their child(ren) having health care coverage to comply with waiver.

BEM 165

Complete a Medicare Savings Programs (MSP) determination for the following clients if they are entitled to Medicare Part A:

- Medicare Savings Programs-only.
- Group 2 MA (FIP-related and SSI-related).
- Extended Care (BEM 164).
- Healthy Kids.

Note: The individual who is eligible for MA under any of these categories does not have to request a determination of MSP eligibility or re-apply for MA in order to be reviewed for MSP eligibility by the department.

Note: The Centers for Medicare and Medicaid Services (CMS) may ask MDHHS to review eligibility for, and in addition of, MSP coverage for a timeframe when there was no Medicare Cost Share approved. The central office Buy-In Unit at MSA will contact the field office to ask that a determination of the recipient's eligibility for MSP during that timeframe be completed and to update the case record to add the MSP coverage if the recipient is eligible.

BENDEX and SOLQ indicate whether a Medicare Part A premium is being charged. Even if the BENDEX or SOLQ only indicate there may be entitlement for part A, a determination of MSP eligibility should be completed.

Individuals who receive Medicare part A (free or with a premium) but do not show receipt of part B, may not show part B coverage in Bridges because they refused it.

Because it is advantageous for the state to enroll every person who is entitled to MSP into the program, a determination of eligibility should be made even if a person shows only entitlement for Medicare part A.

Adding language on Medicare part A and B entitlement and the Medicare Savings Program (MSP).

Reason: Encourage workers to request MSP for clients who may be eligible.

BEM 167, 174, 401 and 545

Policy was updated to provide clarification and to make minor grammatical changes.

Reason: Questions from field office staff indicate some policy is not sufficiently addressed.

BEM 173

Remove reference to DHS-45, DHS to DCH/MIChild/FTW Transmittal.

Reason: This form is no longer used to transmit information to BCCPTP coordinator.

BEM 222

Reference to AMP removed.

Reason: AMP is no longer a valid Medicaid category.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BAM 105
BAM 120
BAM 300
BAM 402
BAM 600
BAM 710
BAM 802
BAM 810
BEM 105
BEM 129
BEM 131
BEM 137
BEM 165
BEM 167
BEM 173
BEM 174
BEM 222
BEM 225
BEM 230C
BEM 245
BEM 401
BEM 406
BEM 545
BEM 630

Deleted Items ...

BEM 124